

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
09 / 554 617
APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ↓ | | ↓ | | ↓ |
| TOTAL CLAIMS | | 2,221 | | 4,452 | | 6,673 |

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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ↓ | | ↓ | | ↓ |
| TOTAL CLAIMS | | 2,221 | | 4,452 | | 6,673 |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331